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An Inaugural Essay

on Paper March 5th 1828

Medicines of the Materia
for

The degree of Doctor of Medicine

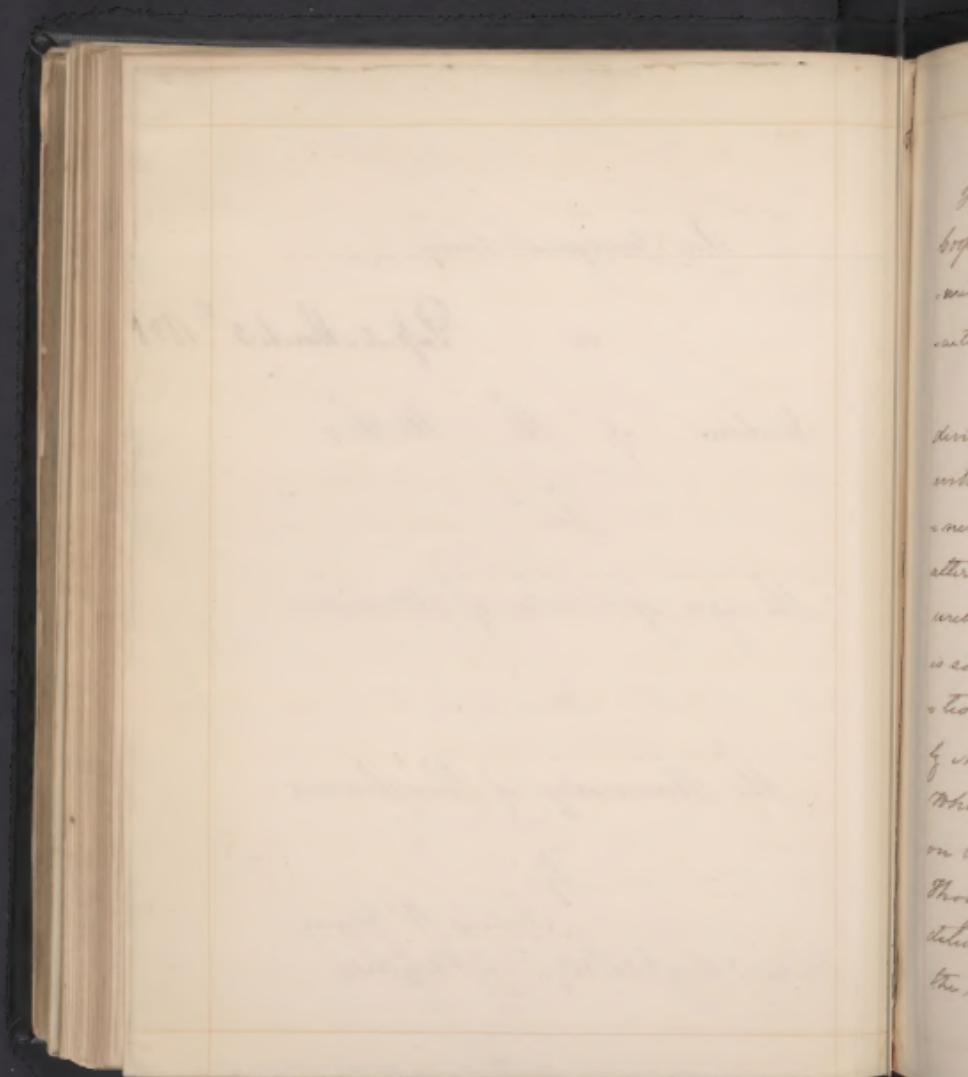
in

The University of Pennsylvania

by

Francis R. Gregory

Philad: Augt 30. 1827. of Virginia



1 Strictures of the Urethra

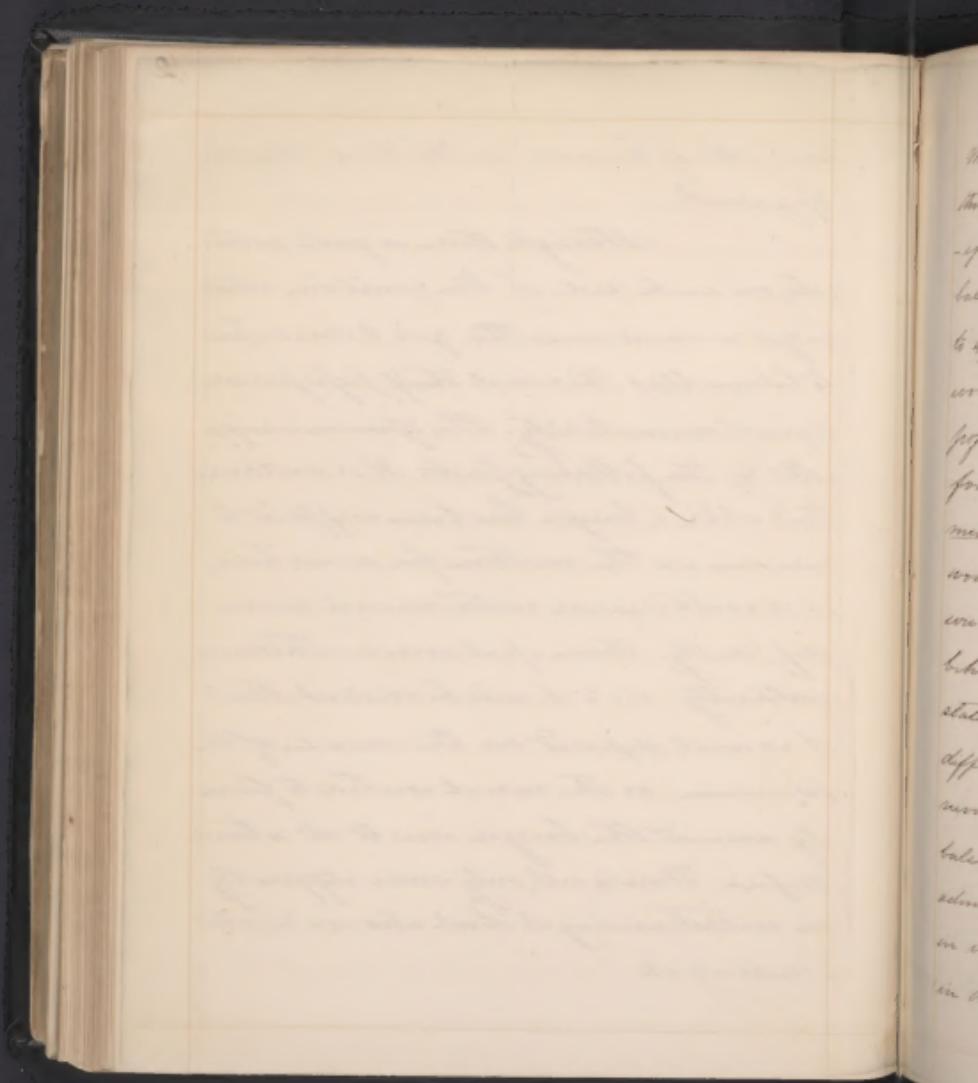
This disease has been defined by W. Samuel Cooper to be a preternatural diminution of the diameter of a part of the urethral canal, a contraction of the whole never taking place.

By W. Hunter strictures have been divided into permanent, permanent attended with spasm, and spasmodic. The permanent stricture depends upon an organic alteration of the structure of the canal of the urethra. The spasmodic stricture, of course, is said to consist in a spasmodic contraction of the muscles around the canal; but by W. Hunter, Sir Edward Home, Bishop Whately and others it is supposed to depend on the minuteness of the urethra itself. Though anatomists have been unable to detect any distinct muscular fibres in the urethra of man, yet in some of the

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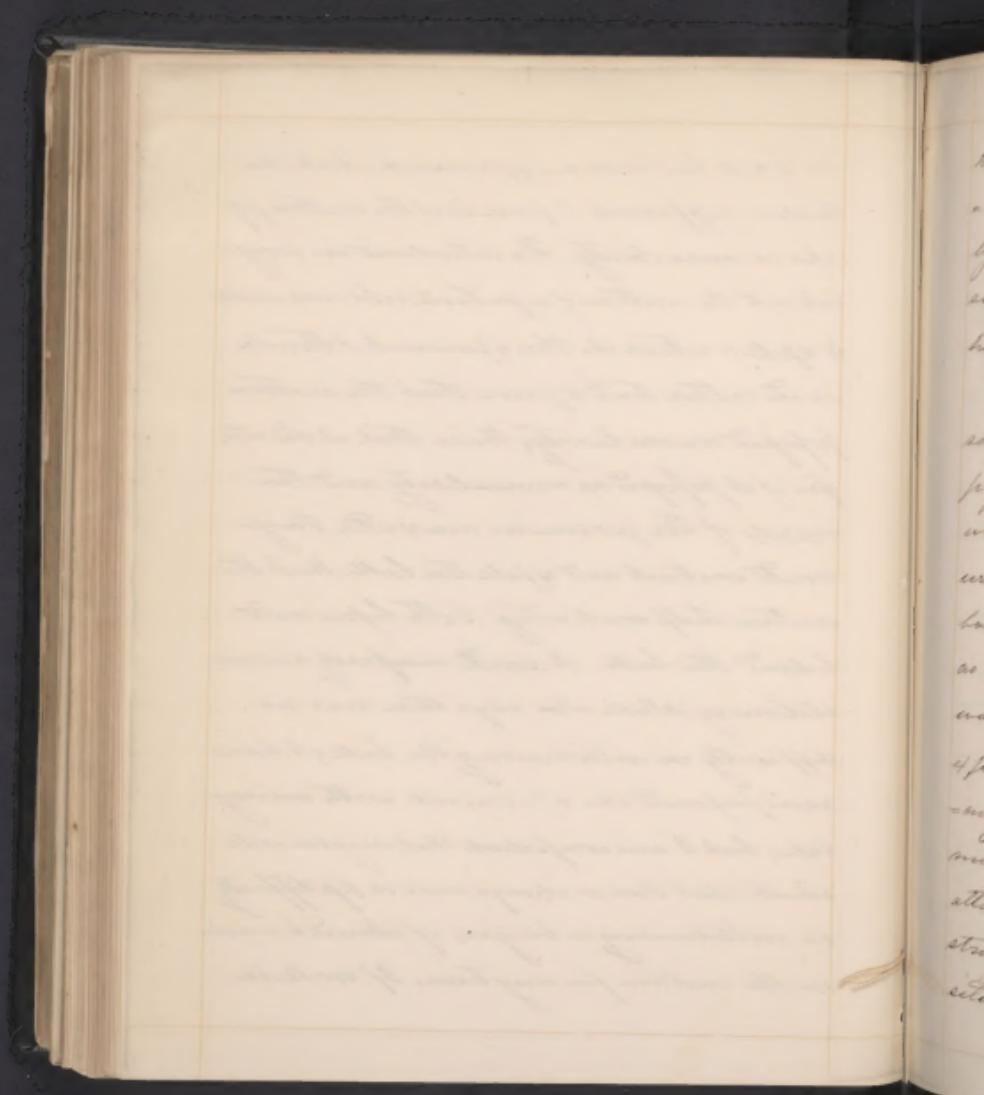
lower order of animals, as the worse they are apparent.

Although there is great authority on each side of the question, which as yet remains unsettled, yet I am disposed to believe that the canal itself possesses some degree of muscularity. This opinion is supported by the following facts. It is well known that after a bougie has been suffered to remain in the urethra for some time, it is withdrawn with much more difficulty than if it were withdrawn instantaneously. And it will be evident that it cannot depend on the muscles of the perineum, as the canal contracts firmly around the bougie even to its terminal orifice. There is not only more difficulty in withdrawing it, but also in reintroducing it.



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Mr. Bell has made an experiment, which he
thinks is sufficient to prove that the urethra oppo-
-sites no muscularity. He introduced an ivory
ball into the urethra of a patient who was unable
to expell or retain it. This experiment I think
would rather tend to prove that the urethra
possessed muscularity, than that it did not;
for if it possessed no muscularity and the
muscles of the perineum were excited, they
would contract and expel the ball. But the
urethra itself contracting both before and
behind the ball, it would necessarily remain
stationary. Mr. Bell also says there was no
difficulty in withdrawing the ball; I have
never performed the experiment with an ivory
ball, but I am confident that everyone will
admit, that there is always more or less difficulty
in withdrawing a bougie, if allowed to remain
in the urethra for any time. If Mr. Bell



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had performed the experiment with very great
ease of a conical shape, when the muscle
by contracting would act on it on every side
so as to cause it a pulsion, I think, he would
have been convinced of this fact.

Wishing to
satisfy myself as regards this experiment, I
passed a thread through a piece of lead
was about the size of the canal of the
earthen, this was made into a round
ball, and introduced as far up the earthen
as I thought was necessary. The patient
was unable to pull it, but contrary to the
experiment of Dr Bell I found some diffi-
culty in withdrawing it, and was very
much afraid that the thread which was
attached to the ear would not be sufficient
strong for this purpose. After this I
selected another piece of the hardest earthen I

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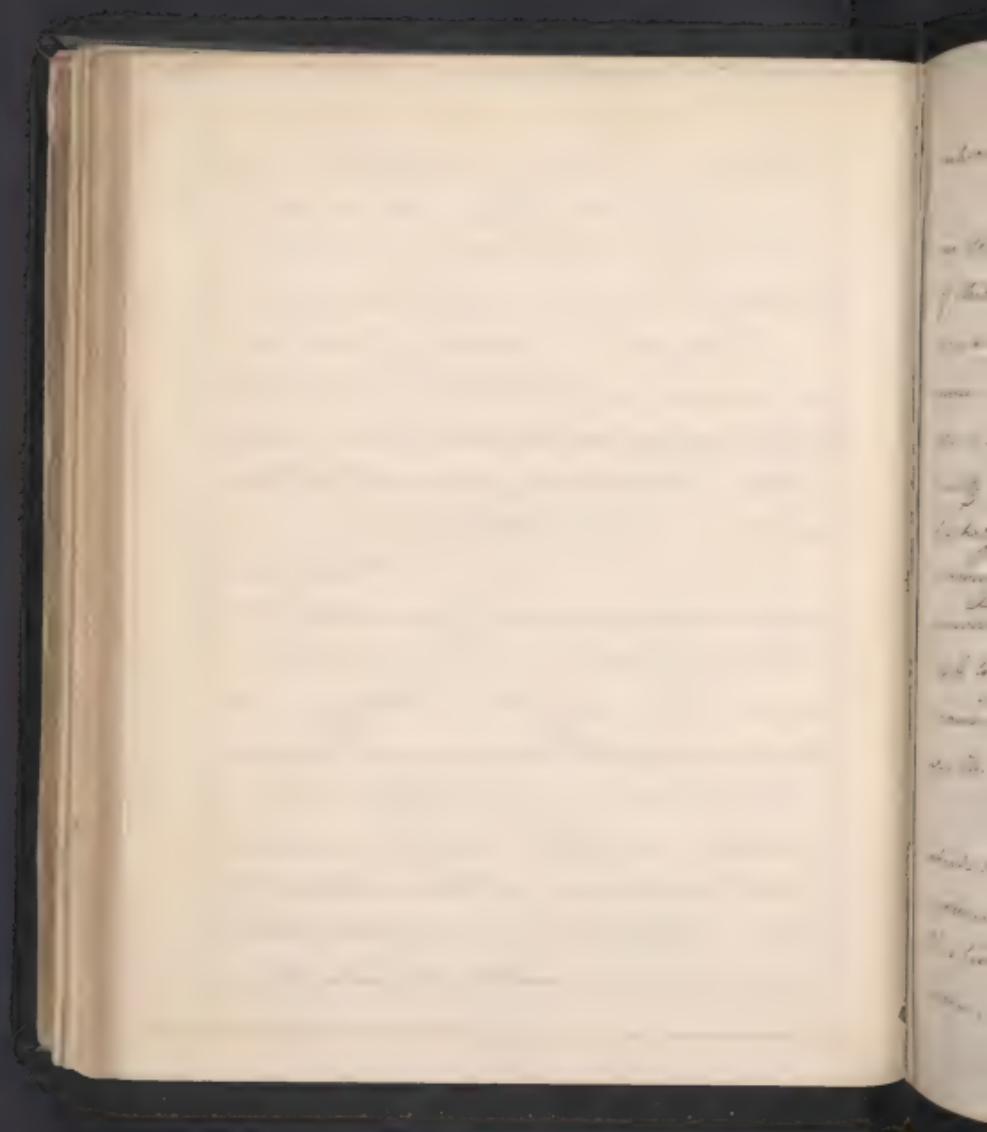
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cont'd pressure, and having made and a com-
m' shape introduced it, at first took
as inches. I found that there was considerable
difficulty in pushing it forward, and as
soon as the force was taken off, the cat
was a natural, a fact: I then, after some
injuries of test and caused it down into the
catheter about two inches, with the same
result as in the second case.

These, however,
think are sufficient to prove that the
urethra, before controllably. As I
it seems to modify, and that of the
treatment so little, I shall now name my
causes. The causes of stricture are such
as produce irritation or inflammation
in the mucous of the urethra. This
inflammation sometimes tends to destruction
of the mucous, as the effusion of lymph



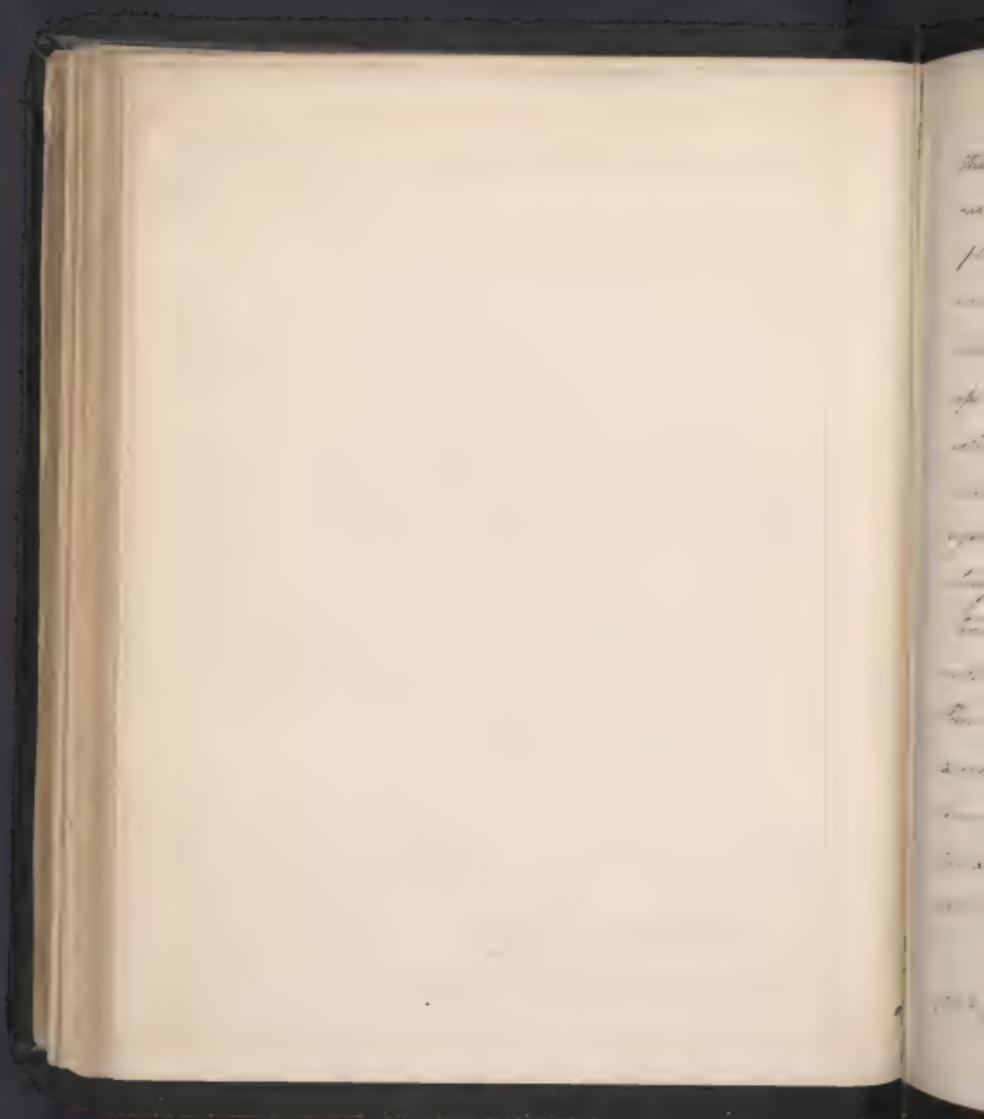
which constitutes structure

Gonorrhoea

is doubtless one of the most common causes
of this disease. In many of the cases and
supposedly important to be nothing
more than a slight discharge between
the rectal structures. The rectal discharge
is supposed to be the appearance of the
discharge proceeding from structure which
already resembles that of a gonorrhoea
in women. It cannot be easily distinguished
from gonorrhoea. The stimulating applica-
tions used in the cure of that disease
are the most common cause.

In one case

which I saw, these structures were
subjected to an irritation of trituration
of a patient suffering to cure his disease
in women, and without any trouble, curing



the length of the inflamed stage
referred to this ingestion; after using it, he com-
plained of a burning sensation in the
mouth and in the stomach. The
burning sensation in the mouth did
not go away, but the patient did not
attempt to withdraw it from his mouth
till he was unable to eat any longer
and ate nothing as he sat, from a desire
thinking that there might be something
in a tongue was introduced. It was
about 15 minutes later that he
was also 15 p.m.

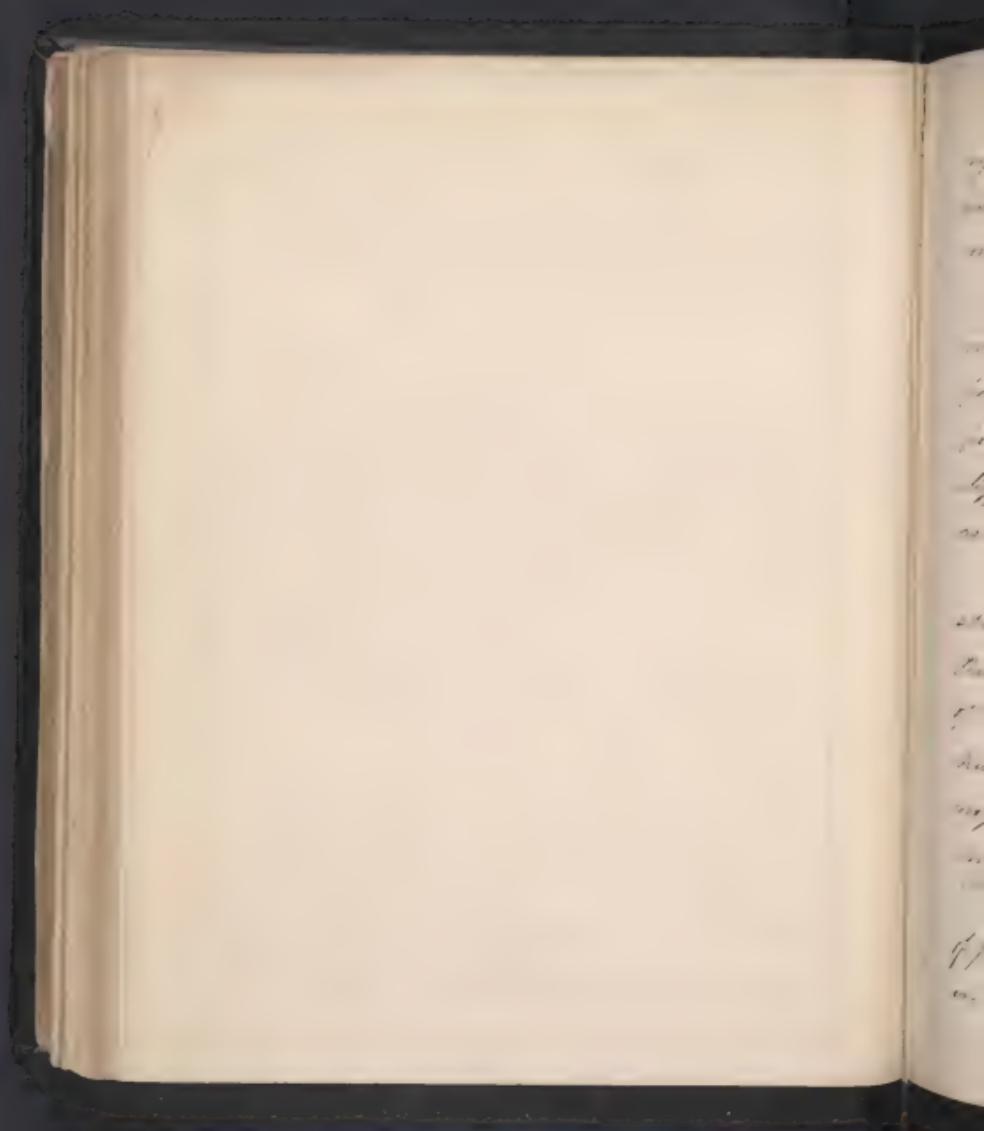
On the 2nd day, the
area of a scabbed stage, the mouth in



in the year, in the winter, but
it prevails more in the summer, and
is always a violent and sudden attack on the
wind and sun stroke.

It is more common in warm
than cold climates, and because the
black heat is not so easily
expelled. It may come to be a
regular and long-continued disease, and
then it becomes often giddy.

Symptoms. In every time of the year
a strong sunstroke may take of the sun
of your body, black heat and sunstroke
is a most malignant and pernicious
The symptoms are generally violent and
constitute heat and heat. The same time
in the beginning of the disease
a great and sudden attack on the



system, mind often very much affected;
in this case while followed by poor
but profuse sweat-

In common cases
where there is not much local irritation,
few of these general symptoms are
present, but on some cases the irrita-
tion of the general system is great
as to vexing the patient.

Patient, whether
diseases are said to be very little to do.
This may be the case in quite number
of instances, but on the few which I
have seen, many & the patients are
so vexed & the patient is
so harassed as to suffer the best from it.

The local symptoms are a discharge
of purulent matter from the urethra, which
in strong cases seems to take place, acciden-



scatty, very much more profuse than
those those of others, a frequent desire to
wash water, and sometimes an involu-
tory discharge of it. The urine passes
off in a form according to the nature
and number of the stimulants, either
in drops, in jets, very dilute, & drawn
out in one instance, when it is seen, it
refuses to be excreted in form of a jet
streams, resembling water and not
a washing fluid. The stream is generally
smaller during excretion. Nocturnal
emissions are frequent, and in some
cases as involuntary as to urinate, as in the
most violent scatty state of generation
and most painful immediately after
withdrawing the boughs. There also
great masses about the arms and
perineum, and especially of the posterior

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be costive, owing to the irritation produced by the hardened粪. The patient in bad cases is unable to close his eyes, and generally feels a tickling pain in the perineum, resembling the breaking of hair; sometimes this is felt in the urethra also.

It is surprising what an effect an indulgence in eating or drinking, will have on this disease. If the patient indulges himself even in fermented liquor, he will suffer severely for his indiscretion. I have seen a temporary suppression of urine, produced by one glass of ale.

If the patient indulges himself in water, from the contraction of the canal, during this rest it is impossible to expel the semen, which, on this account, vegetates in the bladder and remains there until the urethra is relaxed, and the patient goes



to increase. This will aggravate the disease
from & distract the power of
relaxing, & if after this contraction

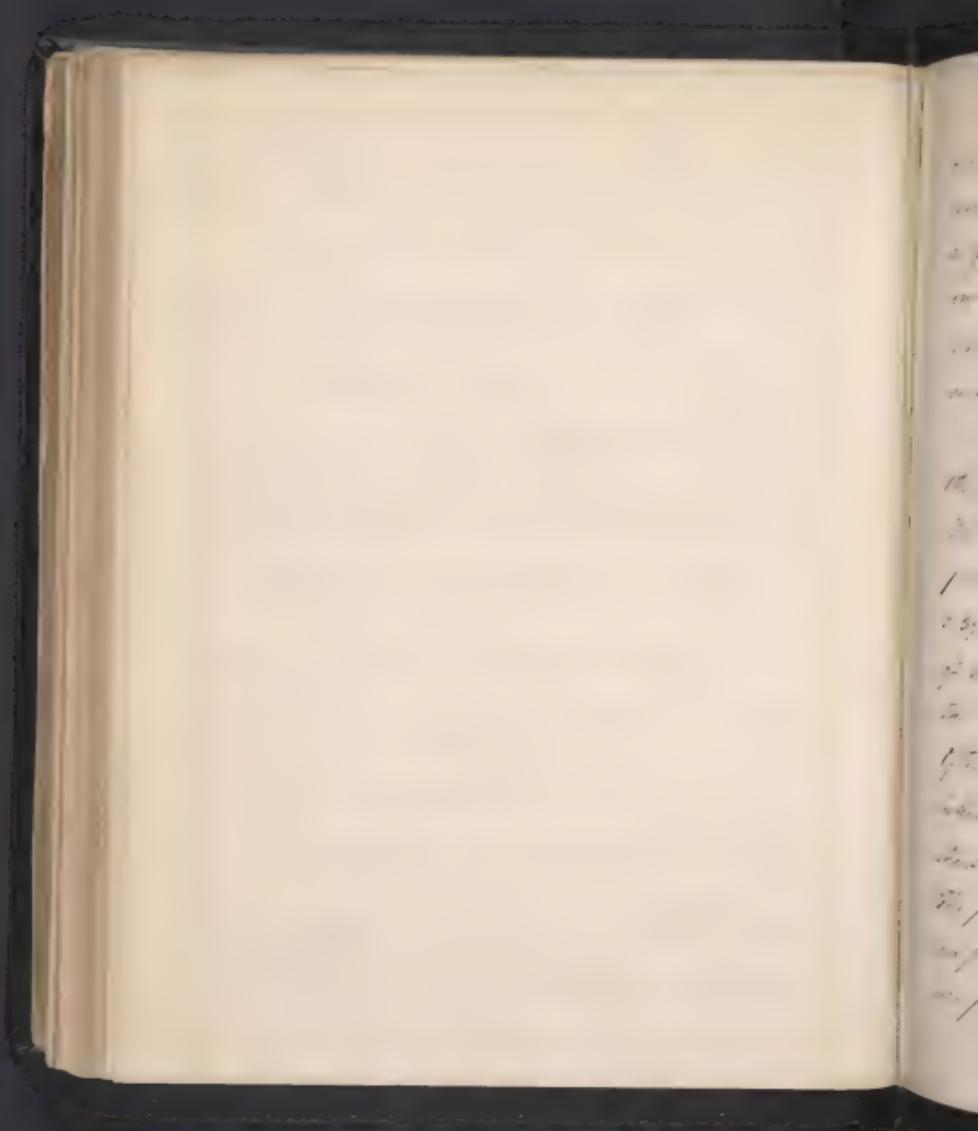
I repeat. The diagnosis of this disease
is very difficult. The affection with which
it is liable to be confounded are numerous,
some in the bladder, swelling of the testicle &
through many symptoms & signs

— I do not say any one of these signs
at I think none ought to be depended on; and
that we should rely only on an examination
which will not interfere with the production of a
little pain. That in one case of it. This
may be done by a common white lead brought
in a little saucer of Dr. & Bell, which is much
better, for this, moreover, as it passes readily and
with very regularity of the urethra; and
as many structures may be found out alone
in the thro



169512. The surgeon's sole care is to a patient with stricture, till the disease is far advanced, and the stream of urine is but very small, or completely stopped. Under such circumstances we may expect a very painful death; as by this time the patient's constitution is very much impaired, and the irritability of the system ^{is} great. By Mr Hunter we are told, that when the smallest foreign body ^{is} passing the urethra

If the disease is limited to the corpus, we can always by simple means effect a cure; but unfortunately this is not the case, as we patients think, as by our stories, that they have a strong ^{desire} to urinate as fast as chronic gonorrhœa, and either of their own accord, or employ such remedies as they think are adopted to the



more of time to apply to a ~~small~~ ^{large} ex-
pense, repairing boats & boats of brick
& glass. I think it would be useless in
most cases which need the use of the
boat many remedies for small damages
or 2000 dollars.

Typation. On a continuation of the south
the structure is generally found about 30 feet
in height to within about a third
of the way from the cap, and 4 to 5 inches
thick against the cap. The portion
of the canal between the structure and
the bladder is very much enlarged, and
the sand of the canal with furnish is deposited
against the structure, and sometimes close
the several doors, and in consequence
the water of the canal is sometimes very much
impeded to circulate. Sometimes soft mud
is found growing from the ~~the~~ ^{the} constant



of the urethra.

The bladder is found contractile, and its wall thickened, and dark red with small rugae holes in the middle, from on the fundus. The urethra is contracted at the place where the structure of it is sometimes it resembles a thistle around the canal, sometimes this appears only on one side. In some cases the urethra is peculiarly contracted, or thickened in several places; and four or five strictures exist.

Treatment. Having examined the nature and number and situation of the strictures, of the means pointed out in the diagnosis, we must next proceed to the cure of the disease. There are three ways which have been recommended for the cure of strictures. By a copper caustic, and stilet. By a



Hunter, it was supposed that the
swelling of the joints, & of the long bones,
had, & did, in a man, an effect similar to
of the nose. a man, in the flesh
and limb, singed away every bone.

In which we consider whether the
swelling, the longer a time the worse,
is only, during the stricture, Mr Hunter
supposes, & not also by getting infection
into the fracture parts; but this is seldom
want until unnecessary violence is done
in the dislocation of the bone, which
is commonly often done.

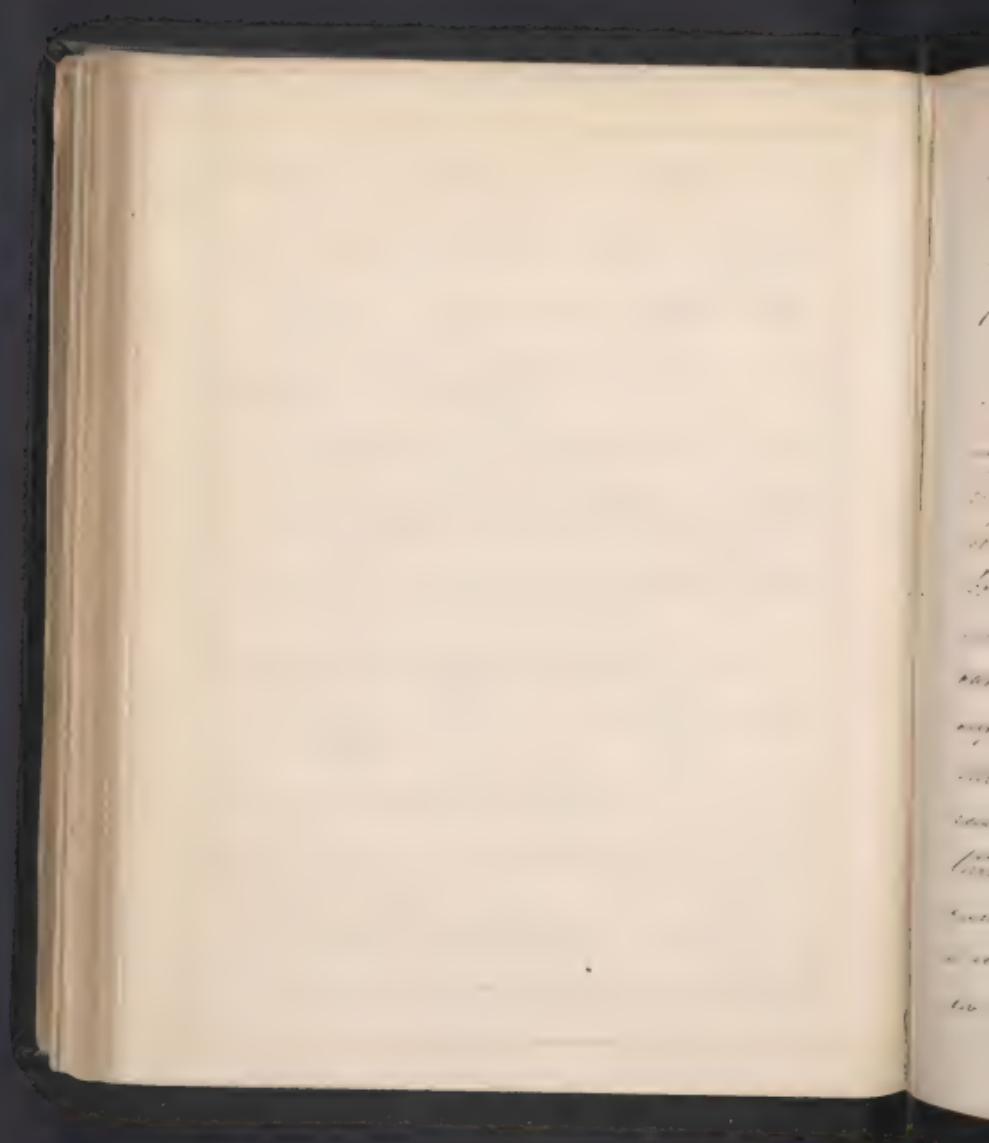
The longer, & more
it abides in a part, seems rather, evolutes,
not by the matter. the way longer, think,
should in all cases be employ'd, in the
commencement of the treatment, with long
acting or certainly, when well oiled, produce



stones as little, now as a condition over and above
of sufficient consistence to allow
water to enter the urethra, though in some
instances they will be sufficient to give
eure after a long time for some time
they seem from their softness, to have little
effect on the structure, and it becomes necessary
to use those of a firmer consistence for
this purpose. The whole have of gum
elastic should be used, the former is the
best where the structure is very soft.

As to the flexible metallic bongies, think
it should never be used to the exclusion
of the others, as it yields too little to any
irregularity in the urethra, and pro-
-motes great irritation in its introduction.

The smallest size bongie, it appears
to me, ought never to be used. For where
the canal is so small as to prevent the intro-



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duration of a common eye-boring, their means should be resorted to, as these, as is
stated, are often the cause of a false
prognosis than the structure itself.

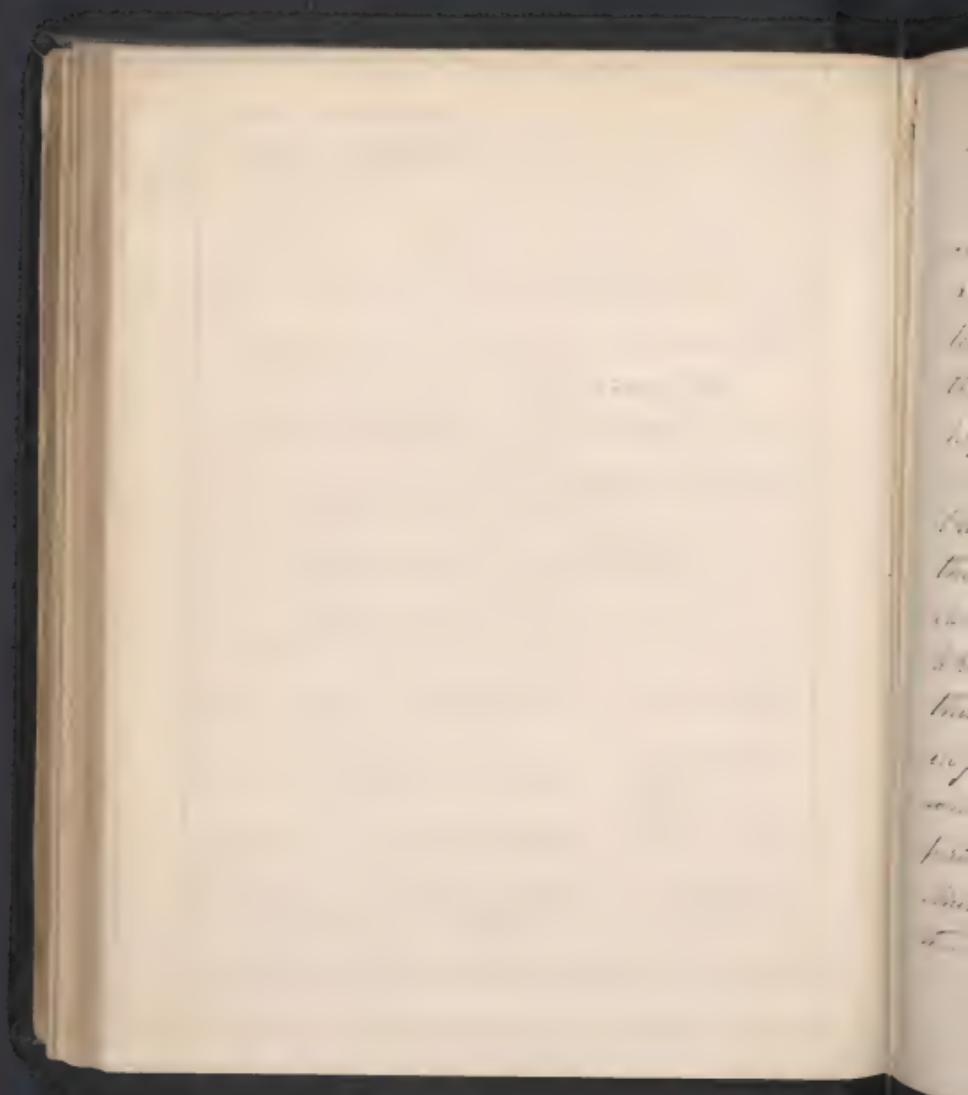
It may seem to more dangerous in the
hands of a patient, as it is, as who would
associate with the anatomy of the eye
and accustomed to the introduction of
foreign bodies in the sharp-pointed
forceps. Patients who are subject to atro-
phy, the eye-boring themselves (i. in the eye
sight) do better than the surgeon in
who are generally under the impression
not to damage the eye, the more
carefully it must be introduced, and by
their many ineffectual attempts, they
cause a irritation and thus aggra-
vate the disease. It will be found
in nine out of ten cases, that a large-bore



can be made to pass the stricture with much more ease, than one of the smallest size. The difficulty of passing a small bougie along the urethra is owing, to the entering the lumen which is not in every part of it.

Bougies ought always to be introduced while the patient is in bed; and the patient confined to bed all the time it is in the urethra. This, I think, is of great importance, and should always be insisted on; as patients who experience little pain from the stricture are not inclined to have it removed; the bougies are not willing to be confined to their beds and frequently withdraw the bougie too soon or rise with it in the urethra, thereby creating great pain and irritation.

Bougies should be well oiled before their introduction; but care should be



when not to suffer too much of the oil to remain on them, which is apt to be the case in cold weather, when it is thick and tenacious. Under these circumstances, the oil may remain on collection the weather. You can also avoid this hazard in a case of D. T. H. arrest.

Mr Hunter tells us that when there is difficulty in introducing the bougie on the first instance, to push it down to the stricture, and suffer it to remain a short time, and by degrees, two or three times, we may succeed in passing the stricture. He also on some instances succeeds in pulling the stricture; this he supposes is by sympathetically taking off the spasm upon it.

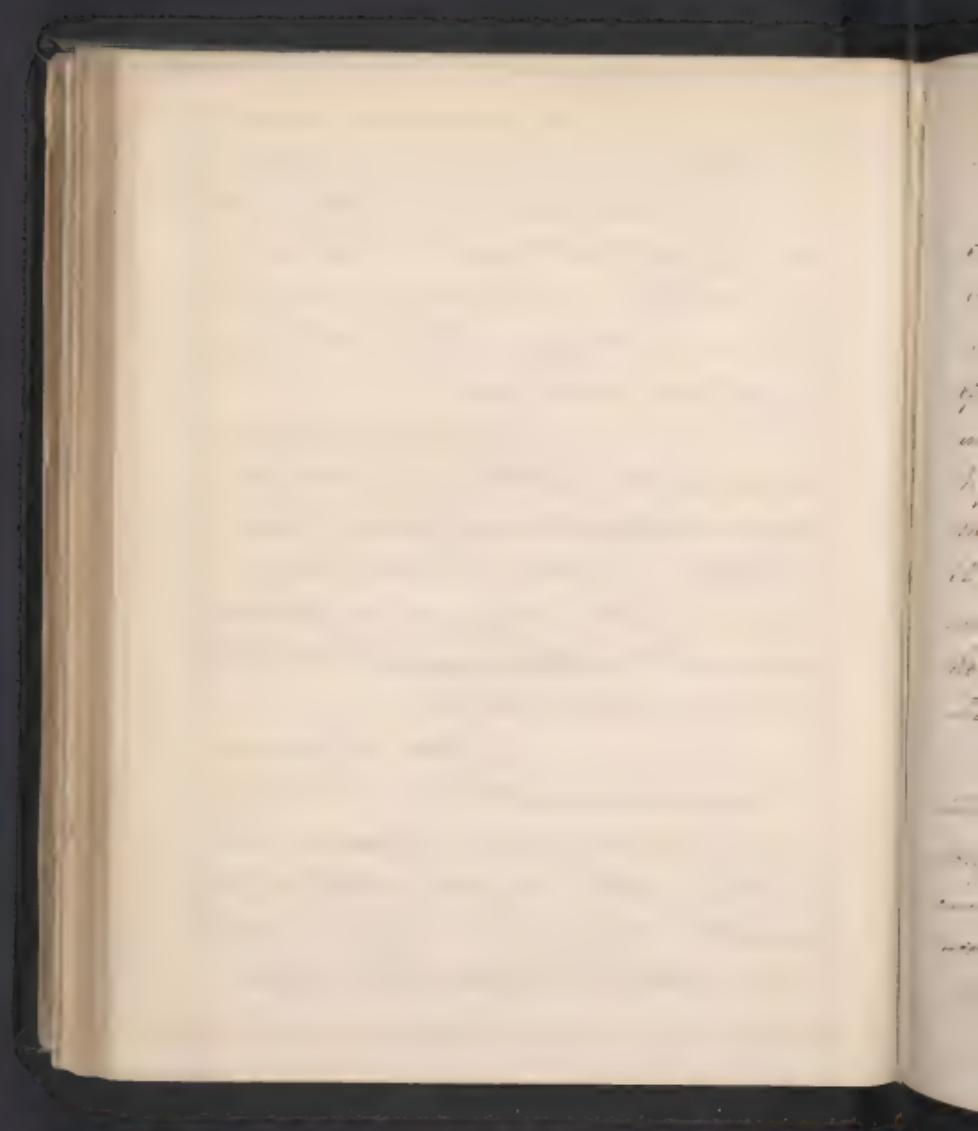
The size of the stricture



should be gradually increased until
one of the natural size of the urethra
can be passed with ease. This increase
some instances, must be very gradual, in
others one of the size of the urethra may
be passed in a few days. P

The bougie should not
remain in the urethra longer than two
minutes, if it cause much pain or
irritation. But this irritation, which is
at first sometimes very great, gradually
ceases, and then the bougie should remain
in for two or three hours.

Both the lunar
and argyrol caustic have been very
much praised by some and condemned
by others. Upon the whole, I think, the
caustic a dangerous remedy, and would
never resort to it, when other means



were in my power.

The mode of applying the caustic is, first to introduce a common wax bougie, and carry it down to the stricture; another bougie is then taken, in the end of which a piece of caustic is introduced, the wax is carried down, as far as the first bougie, and kept in contact with the stricture, for one to two minutes, or a shorter time if it produce much irritation. This operation may be repeated in one or two days, but not until the effects of the first application have subsided.

When in using
the bougie, cover the end of the
candle with a little lead to prevent the
caustic from acting on any part of the
candle in contact with the stricture
and first invented by Dr. Physick. it



ffects; we can always suspend the
use of the scuticis, and certainly much
less, within our control. For instance
cauteric is applied to any partage, where its
effects are not visible; or it will produce
that it may act on parts which without
intervene to touch, and which it is almost
impossible for us to arm. Certainly Dr. P.'s
instrument in the hands of a surgeon
accustomed with the nature ~~and~~ ^{and} action
of the scuticis, which he wishes
to divide, in anatomy of the parts, is
as safe an instrument as the forceps in
the hands of a surgeon. This instrument
has been condemned by some,
but of course to judge of a true fib-
er, it must certainly be at ^{the} motto, but
this is one of the greatest improvements
in the management of strictures, and



the 1st of October performed by Dr. Phineas
McGibson, present heart of a 21 year
old male, and not even a single symptom
existing.

By H. M. St. John, Barrister
to Whalley et al v. the Not man, & Co. an
agreement sometimes results from the
application of causality, and the many
restrictions laid down by Whalley, who
has written a work on the employm-
ent of cause for strictures, come on
which he principally relies, would in
any case, preclude its use
in this.

If we cannot stop a bough
and this has failed to find a root, and
causes a protracted, whatever we do to resist
it, tickle it with beat one at with that
the only plan to be pursued under such

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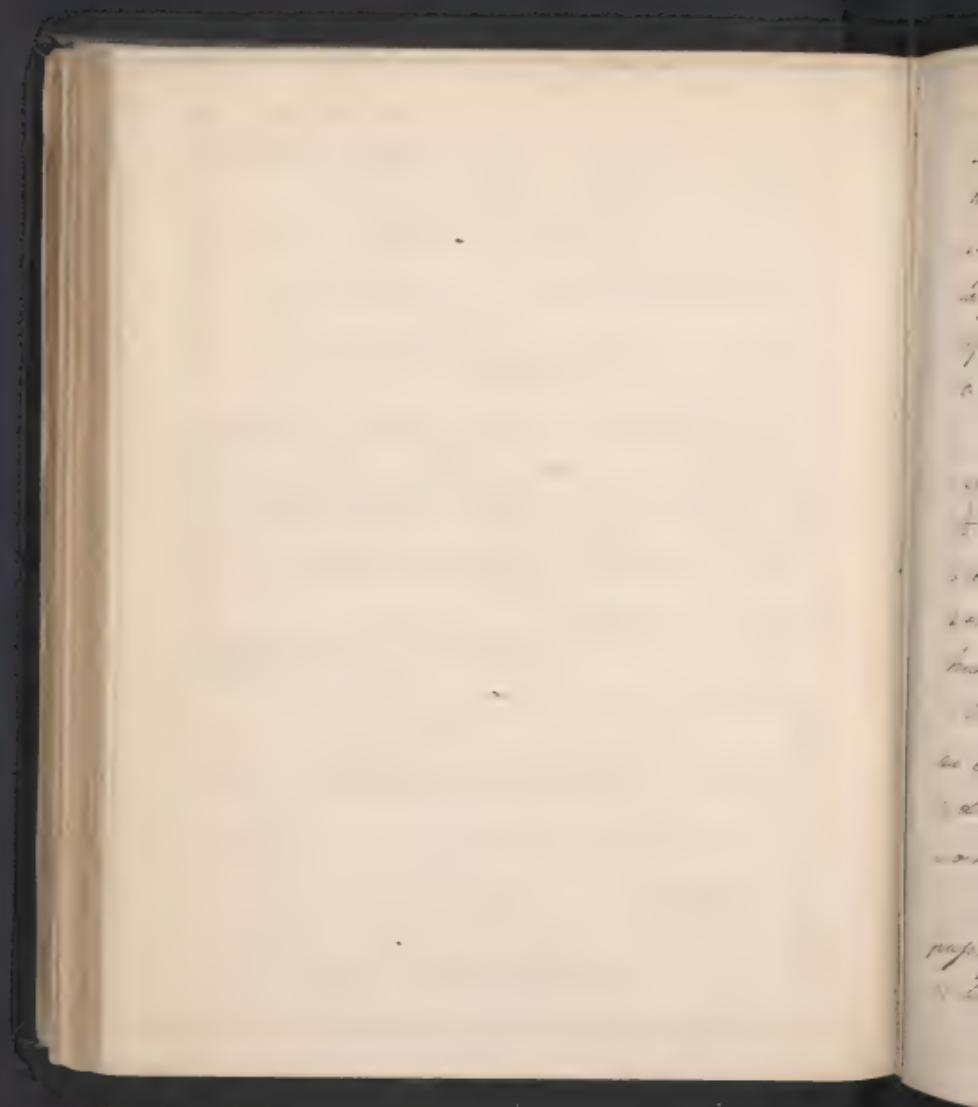
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circumstances, is to divide the stricture with the cunite. This instrument consists of a lancet concealed in a canula. It is carried down to the stricture, and as soon as the end of the canula comes in contact with the stricture, the lancet is carried forward, and it is divided. There is little difficulty in dividing the stricture, if it be anterior to the last of the urethra, but if at the bulb it is not so easily done.

But even admitting that a small wound be made in the urethra, it will heal in most instances, by the first intention. We know ^{we} will not be the case if there be no ^{opportunity} to any other part of the stricture.

After cutting the cunite



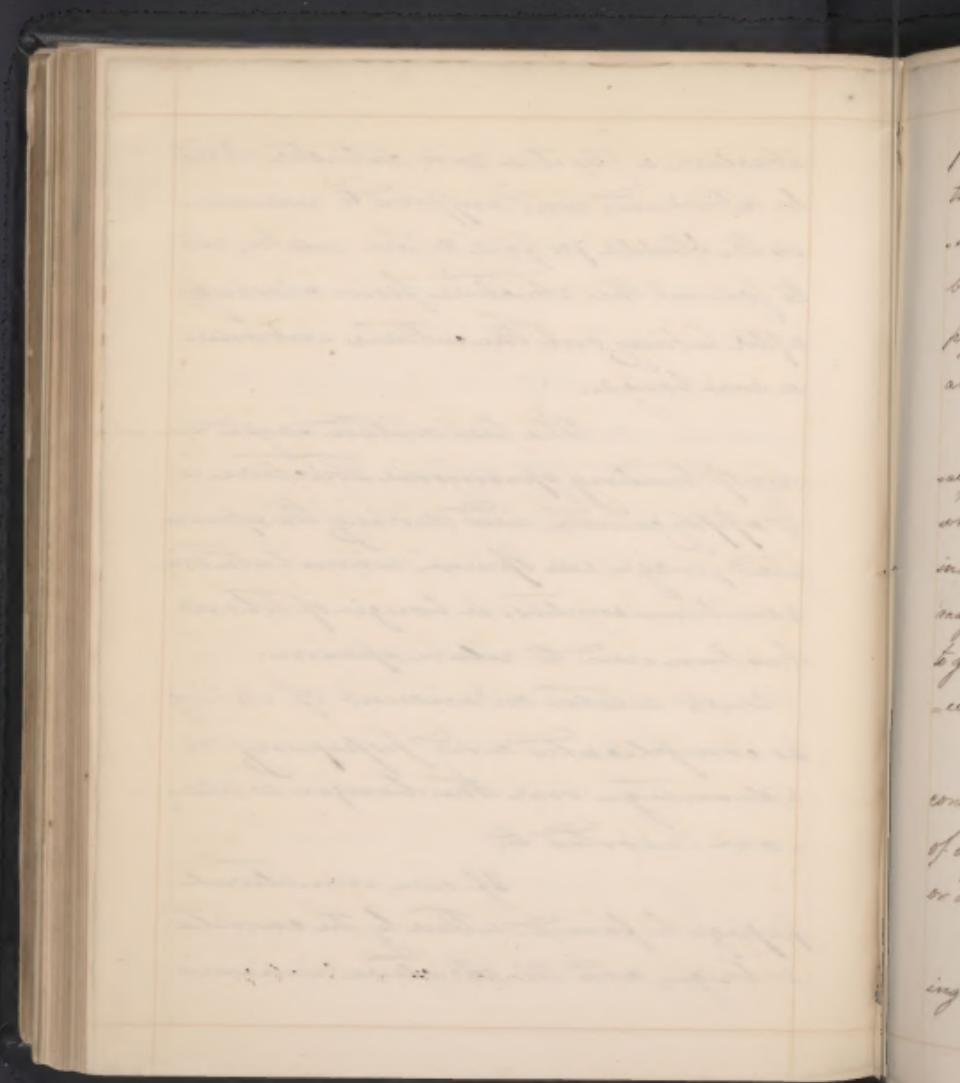
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stricture, a flexible gum catheter should be introduced, and suffered to remain in the bladder for four or five weeks, and to prevent the stricture from closing after taking out the catheter introduce a wet bougie.

The best method says Dr. Dray of treating spasmotic stricture, is to apply caustic, and during the spasm bleed purge, use opium, warm bath and sometimes emetics, a bougie of tobacco has been used to relieve spasm.

An old dilator on account of its being so complicated and expensive has no advantage over the bougie so seldom resorted to.

If an unnatural passage be formed, either by the caustic or bougie, and the stricture remains



previous we ought to use a larger bougie than the one by which this unnatural road was broken, and particular care must be taken to bend the bougie in an opposite direction the passage. It must also be introduced very gently and gradually.

For little attention, I think, is generally paid to the regimen & diet of the patient who will, unless particularly cautioned against it, indulge in every luxury his appetite or inclination may indicate. As long as the patient is permitted to go on in this way the stricture will continue irritable and more difficult to cure.

The diet of a patient with stricture should consist of the lightest articles of diet. No fruit of any kind should be allowed nor any porter or ale.

Since writing this epay I have seen a very ingenious instrument for dividing strictures

printed by my friend Mr Chou

by
Pre